

Public Hearing Testimony

SB: 1052

February 21, 2007

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My name is Jeri Steele. I am a family nurse practitioner, in practice for 13 years in the Danielson area with Generations Family Health Center, a community health center located in the North East corner of CT. Our site in Danielson is the smallest of 3 Generations sites in the state. I am writing in support of Senate Bill 1052, Transportation to Health Appointments.

The northeast corner of CT is very limited in terms of medical specialty providers. Generally speaking, if you have private health insurance like 15% of last year's clients seen at our clinic, you will have no problem accessing a specialist. Your only limitation would be how busy their office might be on a particular day and if you have a car. However, if you are one of the 73% of our patients with either Medicaid insurance (48%) or no insurance (25%), accessibility often becomes a nightmare.

Many of our patients come to us on foot. Those on Medicaid are managing with incomes near poverty level and just don't have the financial resources to afford dependable transportation. From what I understand the poverty level hasn't increased in 15 years. For a family of 1 on SAGA, income must be below \$476 a month. It is not unusual for one of my patients to tell me they have been out of their glucose testing supplies or medicine for a month or more because they couldn't afford the co-pay. It was either buy the medicine and supplies or go without groceries for the week. It's also not unusual for our patients to turn down a needed visit with a specialist just because they don't have a ride to Hartford or Farmington. This is where a lot of our Medicaid patients end up because no other specialty will see them due to their insurance. Even when the doctor is located only a few miles away, transportation can be a challenge for these patients.

Just today in the clinic, I had a follow up appointment with one of my clients, a 58 year old male with HIV infection. This individual suffers from severe lipodystrophy, an

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abnormal distribution of fatty tissue caused by his antiviral treatment. In his case, the fat deposits accumulate at the back of the neck, forcing his neck into hyperextension.

At night during sleep, this issue becomes a problem making it difficult for him to breathe while he sleeps in his usual supine position (on the back). His infectious disease specialist recommended surgery to remove the fatty deposits. We were able to get approval for a consult with a surgeon in Farmington. He was able to borrow \$20 for the bus to Farmington, but was turned away by the receptionist because he did not have enough cash in his pocket for the co-pay (he has Medicare and is also on a spend-down with Medicaid). He asked to be billed, but they refused to do this! If he had been provided transportation to this visit, he would have been able to afford the co-pay and would have been seen. It took over a month to work through the system to secure him this appointment. Now, 3 months latter, he still has not been seen! We will be doing the dance with his insurance all over again. In the meantime he continues to suffer.

Many of our patients health is jeopardized by the inadequacies of our Medicaid system. Another situation comes to mind of my 45 year old female patient with severe adult scoliosis who has been waiting for over a year to be seen by an appropriate orthopedist to surgically address her problem. She was originally a SAGA recipient. We were having all kinds of delays in terms of gaining access to the right provider, transportation being one of the factors. During this year long delay she developed an infection in the bones and discs in the low back which caused further deterioration and worsened her already severe situation. This additional damage will decrease her chances of a favorable outcome with any future surgery. We are still fighting with the insurance, which is now Medicaid, to get her into a specialist with the level of expertise required to handle her case. You or I would never have to endure this type of treatment. It is inhumane. At times, in situations like this where we struggle to stitch the pieces together for these patients, it makes me want to leave this profession all together. We should be able to spend our time and resources on quality of care for our patients and not waste it on up hill efforts to pull together the pieces of an inadequate system that often hurts the patient in the long run.

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Please let me share one more case of a 46 year old man with Hepatitis C who had been in recovery for alcohol abuse for almost 2 years and doing extremely well. He was proud of his successful recovery and very motivated to do something about his health. He was finally ready to tackle his Hepatitis C disease. This man understood the treatment for chronic hepatitis C could have horrific side effects but wanted to take his chances for a cure instead of face the higher probability of dying from liver failure at a premature- age as so many do. Believe me, this treatment is not for the weak of heart! We had no problem getting him into a GI specialist in Putnam. However, the doctor there was not set up to do the actual treatment from the Putnam clinic so he would have to be seen by another specialist in Hartford. We had to again fight with Medicaid to cover the transportation to Hartford because of the distance, even though he had been referred there by the GI specialist! It took over 2 months to finally get him started with his treatment. Once again, difficulty accessing transportation became one of the bricks in the barrier to gaining health care for this individual.

All the staff at Generations would love to be there in person to give you testimony. Every one of us could give you very personal testimony on behalf of the large percentage of our 2,473 clients seen last year at the Danielson site regarding the unjust system of healthcare for our low income population. It would definitely be a step in the right direction if SB 1052, Transportation to Medical Providers, becomes a reality. It would be a small step, but a step in a positive direction toward lessening the multitude of inequities creating this unjust multi-tiered system of health care in CT.

Sincerely Yours,

Jeri Steele, APRN-CS